### **Application Data Sheet**

### **Application Information**

Application Type:: Divisional

Subject Matter:: Utility

Suggested classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: HETEROARYLCARBOXAMIDE

COMPOUNDS ACTIVE AGAINST PROTEIN

TYROSINE KINASE RELATED

**DISORDERS** 

Attorney Docket Number:: 034536-0684

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Suggested Drawing Figure::** 

Total Drawing Sheets:: 0

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### Applicant Information

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gerald

Family Name:: McMAHON

City of Residence:: San Francisco

State or Province of

CA

Residence::

۲

(

**Country of Residence::** 

US

Street of mailing address::

522 12th Avenue

City of mailing address::

San Francisco

State or Province of mailing

CA

address::

Postal or Zip Code of mailing

94118

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

Full Capacity

Given Name::

Peng Cho

Family Name::

**TANG** 

City of Residence::

Aiea

State or Province of

Hawaii

Residence::

**Country of Residence::** 

US

Street of mailing address::

99-193 Aiea Heights Drive

Suite 200

City of mailing address::

Aiea

State or Province of mailing

HI

address::

Postal or Zip Code of mailing

96701

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Laura Kay

Family Name::

**SHAWVER** 

City of Residence::

San Francisco

State or Province of

CA

Residence::

9

**Country of Residence::** 

US

Street of mailing address::

3299 Folsom Street

City of mailing address::

San Francisco

State or Province of mailing

CA

address::

Postal or Zip Code of mailing

94110

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

Germany

Status::

Full Capacity

Given Name::

Klaus Peter

Family Name::

HIRTH

City of Residence::

San Francisco

State or Province of

CA

Residence::

**Country of Residence::** 

US

Street of mailing address::

334 Collingwood Street

City of mailing address::

San Francisco

State or Province of mailing

CA

address::

Postal or Zip Code of mailing

94114

address::

**Correspondence Information** 

**Correspondence Customer Number::** 

22428

E-Mail address::

PTOMailWashington@Foley.com

### Representative Information

Representative Customer	30543	
Number::		

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	09/948,090	09/07/2001
09/948,090	Division of	09/081,917	05/19/1998
09/081,917	An application claiming the benefit under 35 USC	60/047,084	05/19/1997
3.0	119(e)		

## **Foreign Priority Information**

Country::	Application Filing Date:: Priority Claimed:: number::		Priority Claimed::

# **Assignee Information**

Acci	anee	name

Sugen, Inc.